| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Sta   | ate Bar number, and address):                 | FOR COURT USE ONLY  |
|---|---|---|
|   |   | FOR COURT USE ONLY  |
| H   |   |   |
|   |   |   |
| TELEPHONE NO.:  | FAX NO. (Optional):                           |   |
| E-MAIL ADDRESS (Optional):  |   |   |
| ATTORNEY FOR (Name):  |   |   |
| SUPERIOR COURT OF CALIFORNIA,   | COUNTY OF                                     |   |
| STREET ADDRESS:   |   |   |
| MAILING ADDRESS:  |   |   |
| CITY AND ZIP CODE:  |   |   |
| BRANCH NAME:  |   |   |
| IN THE MATTER OF (Name):  |   |   |
|   |   |   |
|   |   |   |
|   |   | CASE NUMBER:  |
| PETITION TO ESTAB   | LISH RECORD OF DEATH                          |   |
| Nation At an baface the backs of  |   | denfanthe inden to since The collection of CC   |
|   |   | der for the judge to sign. The order is part of form                                  |
|   |   | vices. Form VS 109 may be obtained from that  |
|   |   | m VS 109, including instructions on how to get it, OVR/Amendments/Amendmentindex.htm. |
| ·   | able of fille at www.dris.ca.gov/filsp/cris/  |   |
| 1. a. Petitioner (name):  |   | is a beneficially interested person, entitled   |
|   | ifornia Health and Safety Code to an order of | establishing the fact and the date and place  |
| of the death of the deceased person named in item 2.  |   |   |
| b. Petitioner's beneficial interest in  | this matter is stated in the space I          | pelow stated in Attachment 1b.  |
|   |   |   |
| 0   |   |   |
| 2. Deceased person:   |   |   |
| a. Name:  |   |   |
| <sup>b.</sup> Date of death:  |   |   |
| C. Place of death: County of  |   | , State of  |
|   |   |   |
| <ul><li>3. (Check one of the following):</li><li>a. There is no official record of the fact, date, and place of the death of the deceased person.</li></ul> |   |   |
| <del></del>   |   |   |
| b. A certified copy of the official record of the death of the deceased person cannot be obtained for the reasons   |   |   |
| stated in the space below stated in Attachment 3b.  |   |   |
|   |   |   |
|   |   |   |
|   |   |   |
| 4. The deceased person resided at time of death at (street address and city):   |   |   |
|   |   |   |
|   |   |   |
|   | <b>.</b>                                      |   |
| County of   | , State of                                    |   |
|   |   | e deceased person did in fact occur on the date                                       |
| •   | •   | tion in Support of Petition to Establish Record                                       |
| of Death and attachments, filed herev   | with, and by other proofs adduced at the hea  | aring.  |
| 6. Number of pages attached:  |   |   |
| Date:   |   |   |
|   | <b>L</b>                                      |   |
|   |   |   |
| (TYPE OR PRINT NAME OF ATTORNE  | ,   | (SIGNATURE OF ATTORNEY)   |
| I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, except as to those                     |   |   |
| matters stated on information and belief, and as to those matters, I am informed and believe them to be true.   |   |   |
| Date:   |   |   |
|   | <b>L</b>                                      |   |
| (TVDE OD DDINT NAME OF BET  | TITIONIED)                                    |   |
| (TYPE OR PRINT NAME OF PET  | HIUNEK)                                       | (SIGNATURE OF PETITIONER)   |